

MULTIPLE DEPEN.  
CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0 / 535 128

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3	1						
4	1						
5	1						
6	1						
7	1						
8							
9							
10					1		
11					1		
12							
13							
14							
15							
16	C	C	1				
17							
18	C	C					
19	1						
20	1						
21							
22							
23							
24	1						
25	1						
26							
27							
28	1						
29	1						
30							
31							
32							
33							
34							
35							
36	1						
37							
38							
39							
40							
41	1						
42	1						
43							
44							
45	1						
46	1						
47							
48							
49	1						
50	1						
TOTAL IND.					7		
TOTAL DEP.					42		
TOTAL CLAIMS					49		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51	C	C					
52		1					
53		1					
54		1					
55							
56							
57		1					
58		1					
59		1					
60							
61							
62		1					
63							
64							
65							
66							
67							
68		1					
69							
70							
71							
72		1					
73	C	C					
74		1					
75							
76							
77							
78							
79							
80							
81							
82		1					
83							
84							
85							
86							
87							
88							
89							
90		1					
91							
92							
93							
94		1					
95		1					
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							